TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06635

CERTIFICATE OF DEATH

06621

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): DOA Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 308 East Third Street
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First MILTON — Middle EDWARD — Last AKERS

4. DATE OF DEATH: Month MAY — Day 16 — Year 19 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Nov. 15, 1880

9. AGE (In years last birthday): 86 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (County & State, or foreign country): Frederick County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abner S. Akers

14. MOTHER'S MAIDEN NAME: Mary Catherine Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 217-10-0653

17. INFORMANT: Mr. Edward M. Akers — Address: 406 Delaware Rd. Fred. Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ? CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): GENERALIZED ARTERIOSCLEROSIS
DUE TO
(c):

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year, Hour o.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 5/8, 19 61, to 5/16, 19 67 that (I) (we) last saw the deceased alive on 5/16 19 67, and that death occurred at 10:2 A M, from causes and on the date stated above.

22a. SIGNATURE: Richard C Reynolds, M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: May 16, 1967

22c. PHYSICIAN'S NAME (Type): Dr. Richard C. Reynolds M.D.

22d. ADDRESS: 804 Toll House Avenue Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: May 19, 1967

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

23d. LOCATION (City or Town) (County) (State): Frederick, Maryland

24. FUNERAL DIRECTOR: Robert E. Dailey & Son — ADDRESS: Frederick, Maryland

25a. RECEIVED BY REGISTRAR DATE: MAY 22 1967

25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06636

CERTIFICATE OF DEATH

06622

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 413 Delaware Road

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 413 Delaware Road
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First EVELYN — Middle VIRGINIA — Last ALEXANDER

4. DATE OF DEATH: Month May — Day 16, — Year 19 67

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jan. 21, 1907

9. AGE (In years last birthday): 60 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (County & State, or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Emory B. Lease

14. MOTHER'S MAIDEN NAME: Estelle Burrier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 217-42-9455

17. INFORMANT: Mr. Edwin M. Alexander — Address: 413 Delaware Rd. Fred. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Ch Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: Dec 1966
DUE TO (b): Arterio-Selerotic Heart dis. — Aug 1966
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c): 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes mellitus 1963 - Myocardial Infarct April 1967

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from ____, 1963, to May 16, 1967, that (I) (we) last saw the deceased alive on 13 May 1967, and that death occurred at 6:45 P M, from causes and on the date stated above.

22a. SIGNATURE: Charles H Conley, Jr — M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: 16 May 1967.

22c. PHYSICIAN'S NAME (Type): Dr. Charles H. Conley, Jr. M.D.

22d. ADDRESS: 228 N. Market St. Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5-20-1967

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

23d. LOCATION (City or Town) (County) (State): Frederick, Maryland

24. FUNERAL DIRECTOR: Robert E. Dailey & Son — ADDRESS: Frederick, Maryland

25a. REC'D BY REGISTRAR DATE: MAY 22 1967

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06637

CERTIFICATE OF DEATH

06623

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: Days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 1701 Rosemont Avenue
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First PAUL — Middle B. — Last ANDERSON

4. DATE OF DEATH: Month May — Day 30, — Year 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: April 9, 1902

9. AGE (In years last birthday): 65 yrs.

IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Frederick Iron and Steel, Inc.

11. BIRTHPLACE (County & State, or foreign country): Timber Ridge, W. VA.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Benjamin Luther Anderson

14. MOTHER'S MAIDEN NAME: Lillie Belle Sale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): W. W. #1

16. SOCIAL SECURITY NO.: 220 07 3793

17. INFORMANT — Address: Mrs. Beulah Anderson (Same as item # 2)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Basilar Artery Thrombosis
DUE TO (b): Arteriosclerotic H.D and
DUE TO (c): Cerebral Arteriosclerosis
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4200
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from _____, 19 6 to 5-30, 1967, that (I) (we) last saw the deceased alive on 5-30 19 67, and that death occurred at 8:15 AM, from causes and on the date stated above.

22a. SIGNATURE: Rex R. Martin M.D. — ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: May 30, 1967

22c. PHYSICIAN'S NAME (Type): Rex R. Martin, M. D.

22d. ADDRESS: 220 N. Market Street, Frederick, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: June 3, 1967

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

23d. LOCATION (City or Town) (County) (State): Frederick, Maryland

24. FUNERAL DIRECTOR: Donald M. Etchison ADDRESS Frederick, Maryland
M. R. Etchison & Son, Frederick, Maryland

25a. REC'D BY REGISTRAR DATE JUN 2 1967

25b. REGISTRAR'S SIGNATURE: Deputy Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
20 M 1/66

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and [illegible] filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06638

CERTIFICATE OF DEATH

06624

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: Days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: R+ #2
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Mrs. Emma Elizabeth — Middle — Last: Bagent

4. DATE OF DEATH: Month: May — Day: 30 — Year: 19 67

5. SEX: f

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 5/15/98

9. AGE (In years last birthday): 69 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (County & State, or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Clarence Kemp

14. MOTHER'S MAIDEN NAME: Florence Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Address: Frederick, Md.
Mrs. Gene Whipp, 202 E. Third Street,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple Myeloma
DUE TO
(b):
DUE TO
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 18 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): generalized and cerebral Arteriosclerosis with Senility

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. **I certify** that (I) (~~this hospital~~) attended the deceased from April, 1946 to May 30, 1967, that (I) (we) last saw the deceased alive on May 30 19 67, and that death occurred at 5:05 P.M., from causes and on the date stated above.

22a. SIGNATURE: W J Riddick — M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: May 29, 1967

22c. PHYSICIAN'S NAME (Type): W.J. Riddick, M. D.

22d. ADDRESS: Frederick Medical Center

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: June 3, 1967

23c. NAME OF CEMETERY OR CREMATORY: Rocky Springs Cemetery

23d. LOCATION (City or Town) (County) (State): Nr. Frederick, Maryland

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland — ADDRESS: Fidelity

25a. REC'D BY REGISTRAR DATE: JUN 5 1967

25b. REGISTRAR'S SIGNATURE: [illegible] Judge

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06633 06625

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 300 Redwood Avenue
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Oscar — Middle: R. — Last: Baugher

4. DATE OF DEATH: Month: May — Day: 23 — Year: 19 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Oct. 25-1902

9. AGE (In years last birthday): 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cupola Operator

10b. KIND OF BUSINESS OR INDUSTRY: Foundry

11. BIRTHPLACE (County & State, or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Baugher

14. MOTHER'S MAIDEN NAME: Rhoda Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes give war or dates of service): ———

16. SOCIAL SECURITY NO.: 220-18-1122

17. INFORMANT: Mrs. Helen L. Beall Baugher — Address: Frederick, Md. 300 Redwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): DUE TO
(c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year, Hour a.m. p.m. 19

20d. INJURY OCCURRED White at work ☐ Not White at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from Sept 11, 1959 to May 23, 1967 that (I) (we) last saw the deceased alive on May 23 1967, and that death occurred at 5:30 P.M. from causes and on the date stated above.

22a. SIGNATURE: Thomas E Stone — M.D. ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: 5-25-67

22c. PHYSICIAN'S NAME (Type): Thomas STONE

22d. ADDRESS: Frederick, MD

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: May 26-1967

23c. NAME OF CEMETERY OR CREMATORY: Rocky Hill Cemetery

23d. LOCATION (City or Town) (County) (State): Woodsboro- Md. 21798

24. FUNERAL DIRECTOR: M.R. Etchison & Son — Elwood T. — ADDRESS: Thurmont Frederick, Md. 21701

25a. REC'D BY REGISTRAR DATE: MAY 26 1967

25b. REGISTRAR'S SIGNATURE: Charles Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1-66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06640

CERTIFICATE OF DEATH

06626

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Braddock Heights
c. LENGTH OF STAY IN 1b: three days
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Vindobona Convalescent Home

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d STREET ADDRESS: 634 Grant Place
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First MARY — Middle VIOLA — Last BELL

4 DATE OF DEATH: Month May — Day 2, — Year 19 67

5 SEX: Female

6 COLOR OR RACE: White

7 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8 DATE OF BIRTH: Nov. 15, 1880

9 AGE (In years last birthday): 86 yrs

IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS: Hours — Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. School Teacher

10b KIND OF BUSINESS OR INDUSTRY: Teaching

11 BIRTHPLACE (County & State, or foreign country): Columbiana Co. Ohio

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Samuel H. Bell

14 MOTHER'S MAIDEN NAME: Anna Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No

16 SOC. A. SECURITY NO

17 INFORMANT: Mr. Samuel F. Deterding — Address: 427 N. Market St. Fred. Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Senility with arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO
(c)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d INJURY OCCURRED While at work ☐ Not While at work ☐

20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from _____, 19 55 to 5-2, 196 7, that (I) (we) last saw the deceased alive on 4-30 1967, and that death occurred at 5 P.M., from causes and on the date stated above

22a SIGNATURE: [signature] M.D. — ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22b DATE SIGNED: May 2, 1967

22c. PHYSICIAN'S NAME (Type): Dr. Rex R. Martin M.D.

22d. ADDRESS: 220 N. Market St. Frederick, Md.

23a BURIAL CREMATION, REMOVAL (Specify): Burial

23b DATE THEREOF: May 5, 1967

23c NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick, Maryland

24 FUNERAL DIRECTOR: Robert E. Dailey & Son — ADDRESS: Frederick, Maryland

25a. REC'D BY REGISTRAR DATE: MAY 5 1967

25b. REGISTRAR'S SIGNATURE: Charles Jorge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24 hours after death Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After th s certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove (carbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, w thin 72 hours after death

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06641

CERTIFICATE OF DEATH

06627

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: month
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): ont.vue Infirmary

2 USUAL RESIDENCE (Where deceased lived if institution: Res dence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outs de corporate limits, w te RURAL and g ve nearest town): Rural - Frederick
d. STREET ADDRESS: oute #7, Frederick, d.
e. S RES DENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: ELLA — Middle: JANE — Last: BLANK

4. DATE OF DEATH: Month: May — Day: 3 — Year: 19 67

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: November 2,1873
9. AGE (In years last b rthday): 93 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (County & State or fore gn country): Frederick County, Md.
12. CIT ZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: Ernest Blank
14. MOTHER'S MAIDEN NAME: ary Redmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes g ve war or dates of service): No
16. SOCIAL SECURITY NO.: 220 52 2194
17. INFORMANT: Address: Frederick, aryland — rs. Edward obley, 523 Wilson Pl ce,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): [illegible] accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO (b): [illegible]
Conditions, f any, wh ch gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (c):

PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in ury in Part or Part II of item 18)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from March 24, 19 67 to May 3, 19 67, that (I) (we) last saw the deceased alive on May 3 19 67, and that death occurred at 1:25 P.M., from causes and on the date stated above

22a. SIGNATURE: [signature] M.D. ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22b. DATE SIGNED: May 4, 1967
22c. PHYSICIAN'S NAME (Type): LeRoy T. Davis, M. D.
22d. ADDRESS: 228 N. Market Street, Frederick, d.

23a. BUR AL, CREMATION, REMOVAL (Specify): burial
23b. DATE THEREOF: May 5,1967
23c. NAME OF CEMETERY OR CREMATORY: Locky Springs Cemetery
23d. LOCATION (City or Town) (County) (State): r. Frederick, aryland

24. FUNERAL DIRECTOR: [signature] ADDRESS: Frederick
M. H. Etchison & Son, Frederick, Maryland

25a. RECD BY REGISTRAR DATE: MAY 8 1967
25b. REGISTRAR'S SIGNATURE: [signature]

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06642

CERTIFICATE OF DEATH

05625

1. PLACE OF DEATH
a. COUNTY [redacted] MARYLAND
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Frederick
c. LENGTH OF STAY IN 1b: 4 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) [redacted]

2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)
a. STATE [redacted] b. COUNTY [redacted]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lisbon
d. STREET ADDRESS [redacted]
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First [redacted] Middle [redacted] Last [redacted]

4. DATE OF DEATH: Month [redacted] Day [redacted] Year 19[redacted]

5. SEX [redacted]
6. COLOR OR RACE [redacted]
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH [redacted]
9. AGE (In years last birthday) [redacted] yrs
IF UNDER 1 YEAR: Months [redacted] Days [redacted]
IF UNDER 24 HRS: Hours [redacted] Min [redacted]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [redacted]
10b. KIND OF BUSINESS OR INDUSTRY [redacted]
11. BIRTHPLACE (County & State, or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Brandenburg
14. MOTHER'S MAIDEN NAME [redacted]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No
16. SOCIAL SECURITY NO [redacted]
17. INFORMANT [redacted] Address [redacted]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Generalized Carcinomatosis
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b) Carcinoma of Lung Bowel
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: Undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19[redacted]
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [redacted]
20f. (City or town) [redacted] (County) [redacted] (State) [redacted]

21. **I certify** that (I) (this hospital) attended the deceased from 3 May, 1967, to 7 May, 1967, that (I) (~~was~~) last saw the deceased alive on 7 May 1967, and that death occurred at 2:05 P.M., from causes and on the date stated above.

22a. SIGNATURE William E. Lea M.D. ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22b. DATE SIGNED 7 May 67
22c. PHYSICIAN'S NAME (Type) [redacted]
22d. ADDRESS [redacted]

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE THEREOF 5/10/1967
23c. NAME OF CEMETERY OR CREMATORY McKendree Cemetery
23d. LOCATION (City or Town) Howard Co., Md. (County) (State)

24. FUNERAL DIRECTOR [redacted] ADDRESS [redacted]

25a. REC'D BY REGISTRAR DATE MAY 10 1967
25b. REGISTRAR'S SIGNATURE Charles Jones

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06643

CERTIFICATE OF DEATH

06629

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 8½ weeks
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Thurmont
d. STREET ADDRESS: E. Main St.
e. IS RESIDENCE ON A FARM: YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First HILDA — Middle MAE — Last BROWN
4 DATE OF DEATH: Month May — Day 23 — Year 19 67

5 SEX: Female
6 COLOR OR RACE: White
7 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8 DATE OF BIRTH: Aug. 5, 1898
9 AGE (In years last birthday): 68 yrs
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS: Hours — Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b KIND OF BUSINESS OR INDUSTRY: Own Home
11 BIRTHPLACE (County & State or foreign country): Maryland
12 CITIZEN OF WHAT COUNTRY?: USA

13 FATHER'S NAME: J.Wm. Fleet Arnsparger
14 MOTHER'S MAIDEN NAME: Nora Willard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16 SOCIAL SECURITY NO.: 214-36-2458
17 INFORMANT: Paul R. Brown — Address: Thurmont, Md. RD 1

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia
DUE TO (b): Diabetes
DUE TO (c): Hypertensive Disease
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Chronic Cystitis, Colitis
19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year, Hour, a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.)
20f (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from May 10, 19__, to ____, 19__, that (I) (we) last saw the deceased alive on ____ 19__, and that death occurred at ____ M, from causes and on the date stated above

22a. SIGNATURE: A. Pearre, Jr. M.D.
ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: 5-26-67
22c PHYSICIAN'S NAME (Type): A. Pearre, Jr.
22d ADDRESS: 804 Toll House Ave. Frederick, Md.

23a BURIAL CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: 5-26-67
23c NAME OF CEMETERY OR CREMATORY: Blue Ridge Cemetery
23d LOCATION (City or Town) (County) (State): Thurmont Fred. Co. Md.

24 FUNERAL DIRECTOR: Raymond E. Creager
ADDRESS: Thurmont, Md.
25a RECD BY REGISTRAR DATE: MAY 26 1967
25b REGISTRAR'S SIGNATURE: Florence Saylor

Raymond E. Creager

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06644 — CERTIFICATE OF DEATH — 05630

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c LENGTH OF STAY IN 1b: 4-27-1967
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)
a STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Frederick
d STREET ADDRESS: Route 5
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: MARY — Middle: Rebecca — Last: Cole
4 DATE OF DEATH: Month: May — Day: 4 — Year: 1967
5 SEX: Female
6 COLOR OR RACE: White
MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: Nov. 29-1889
9 AGE (In years last birthday): 77 yrs
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Yoemenette
10b KIND OF BUSINESS OR INDUSTRY: Navy Yard
11 BIRTHPLACE (County & State or foreign country): Frederick Co. Md.
12 CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Edwin Cole
14. MOTHER'S MAIDEN NAME: Mary Catherine Nichols
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): Not known
16 SOCIAL SECURITY NO: None
17 INFORMANT: Edward L. Knisell-Route 5- Frederick, Md. — Address: 21701

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Hemorrhagic, intestinal, ileum — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b): Peritonitis — 7 days
DUE TO
(c): Diverticulitis

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18)
20c TIME OF INJURY Month Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from 27 April, 1967, to 4 May, 1967, that (I) (we) last saw the deceased alive on 4 May, 1967, and that death occurred at 9:30 A.M., from causes and on the date stated above

22a SIGNATURE: Melvin E. Lea — M.D. ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: 4 May 1967
22c PHYSICIAN'S NAME (Type): Melvin E. Lea
22d ADDRESS: Frederick Medical Center-Frederick-Md.

23a BURIAL CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: May 8-1967
23c NAME OF CEMETERY OR CREMATORY: Mt. Aubron Cemetery
23d LOCATION (City or Town) (County) (State): Watertown- Mass.

24 FUNERAL DIRECTOR: Elwood T. Hutchison & Son — ADDRESS: Whitmore Frederick, Md. 21701
25a REC'D BY REGISTRAR: MAY 8 1967
25b REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and not later than 72 hours after death.

VR AT5 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06645

CERTIFICATE OF DEATH

06631

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural-Middletown
c LENGTH OF STAY IN 1b: Years
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Route 2

2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Rural-Middletown
d STREET ADDRESS: Route 2
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Orpha — Middle: Viola — Last: Crampton
4 DATE OF DEATH: Month: May — Day: 29- — Year: 19 67

5 SEX: Female
6 COLOR OR RACE: White
7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: Aug. 31-1904
9 AGE (In years last birthday): 62 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker
10b KIND OF BUSINESS OR INDUSTRY: None
11 BIRTHPLACE (County & State, or foreign country): Frederick Co. Md.
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Wm. C. Stine
14 MOTHER'S MAIDEN NAME: Ada J.E.Young

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16 SOCIAL SECURITY NO.: None
17 INFORMANT: Address: Charles F. Crampton-Route2-Middletown-Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b): — DUE TO
(c): Arteri-Sclerosis
INTERVAL BETWEEN ONSET AND DEATH: 5 days

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year — Hour a.m. p.m. — 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from May 24, 1967, to May 29, 1967, that (I) (we) last saw the deceased alive on May 29 1967, and that death occurred at ____ M, from causes and on the date stated above.

22a SIGNATURE: Elmer Harp — M.D. ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: May 29-1967
22c PHYSICIAN'S NAME (Type): Dr. J. Elmer Harp
22d ADDRESS: Middletown, Md. 21769

23a BURIAL CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: June 1-1967
23c NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
23d LOCATION (City or Town) (County) (State): Middletown, Md. 21769

24 FUNERAL DIRECTOR: Eleanor T. Hutchison Son
ADDRESS: Frederick, Md. 21701
25a RECD BY REGISTRAR DATE: JUN 5 1967
25b REGISTRAR'S SIGNATURE: via Judge

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06646 — 06632

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c LENGTH OF STAY IN 1b: years
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission)
a STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Frederick
d STREET ADDRESS: Route # 7
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First DONA — Middle DORREN — Last DITTY
4 DATE OF DEATH: Month May — Day 10, — Year 1967
5 SEX: Female
6 COLOR OR RACE: White
7 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: Dec. 4, 1930
9 AGE (In years last birthday): 36 yrs
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min
10a USUAL OCCUPATION (Give kind of work done during most of work life even if retired): College Professor
10b KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (County & State, or foreign country): Summerville, Pennsylvania
12 CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: D. Dallas Ditty
14 MOTHER'S MAIDEN NAME: Ethel R Getty
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16 SOCIAL SECURITY NO: 197-28-9008
17 INFORMANT: Mr. D. Dallas Ditty, Address: Summerville, Penn.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Minutes
DUE TO (b): Subarachnoid Hemorrhage — Minutes
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (c): Ruptured Cerebral Aneurysm — Minutes

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month Day Year Hour o m p m 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from _____, 19__, to 5-10, 1967, that (I) (we) last saw the deceased alive on 5-10, 1967, and that death occurred at 11 P M, from causes and on the date stated above

22a SIGNATURE, M.D. — ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: 5-10-1967
22c PHYSICIAN'S NAME (Type): Rex R Martin
22d ADDRESS: 220 N Market Frederick Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: 5-14-1967
23c NAME OF CEMETERY OR CREMATORY: Westview Cemetery
23d LOCATION (City or Town) (County) (State): Summerville, Pennsylvania
24 FUNERAL DIRECTOR: Robert E. Dailey & Son — ADDRESS: Frederick, Maryland
25a REC'D BY REGISTRAR: MAY 15 1967
25b REGISTRAR'S SIGNATURE: J. Charles Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06647 — 06633

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 116 Ice Street
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Elmer — Middle: Leroy — Last: Dixon, Sr

4. DATE OF DEATH: Month: May — Day: 9 — Year: 19 67

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: April 25, 1907

9. AGE (In years last birthday): 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Bell man

10b. KIND OF BUSINESS OR INDUSTRY: *********

11. BIRTHPLACE (County & State, or foreign country): Frederick Co, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Russell Weedon

14. MOTHER'S MAIDEN NAME: Laura Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service): No — *******

16. SOCIAL SECURITY NO.: 217-16-2291

17. INFORMANT: Elmer L. Dixon, Jr — Address: 103 Evergreen Crt, Frederick, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Congestive Heart Failure

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b): Gastrointestinal Hemorrhage
DUE TO (c): Cause Undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Cirhosis of liver

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year — Hour a.m. p.m. — 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from _____, 19 62, to May 9, 19 67, that (I) (we) last saw the deceased alive on May 8, 19 67, and that death occurred at 6 A M, from the causes and on the date stated above.

22a. SIGNATURE: James B. Thomas, M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: May 9, 1967

22c. PHYSICIAN'S NAME (Type): James B. Thomas

22d. ADDRESS: Proffessional Bldg, Frederick, Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5-12-1967

23c. NAME OF CEMETERY OR CREMATORY: Fairview

23d. LOCATION (City, town or county) (State): Frederick Md

24. FUNERAL DIRECTOR: C.E. Hicks, III — ADDRESS: Frederick, Md

25a. FILED BY REGISTRAR DATE: MAY 11 1967

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME
3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06648 D6634

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: Years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 228 Carroll Parkway

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 228 Carroll Parkway
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First [illegible] Middle [illegible] Last [illegible]

4. DATE OF DEATH: Month May — Day 7 — Year 19 67

5. SEX: Female — 6. COLOR OR RACE: White — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 8. DATE OF BIRTH: April 25, 1897 — 9. AGE (In years last birthday): 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired — 10b. KIND OF BUSINESS OR INDUSTRY: Fort Detrick — 11. BIRTHPLACE (State or foreign country): Aurora, West Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward L. Teets — 14. MOTHER'S MAIDEN NAME: Effie Feathers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service): No — 16. SOCIAL SECURITY NO.: 220 05 7759 — 17. INFORMANT Address: Mrs. Walter Teets, Oakland, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b): CORONARY ARTERY OCCLUSION
DUE TO (c): Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): EMPHYSEMA

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert J. Thomas M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
EXAMINER'S NAME (Type): Robert J. Thomas, M. D.
Address (Street, city, town, or county):
22. DATE SIGNED: 5/7/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: May 9, 1967
23c. NAME OF CEMETERY OR CREMATORY: Aurora Lutheran Cemetery
23d. LOCATION (City, town or county): Aurora, West Virginia

24. FUNERAL DIRECTOR: [illegible] Hutchison & Son, Frederick, Maryland ADDRESS Fairfield
25a. REC'D BY REGISTRAR: MAY 9 1967
25b REGISTRAR'S SIGNATURE: J. Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36643 — 05635

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 9 hrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Thurmont
d. STREET ADDRESS: W. Main St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Julia — Middle: Alice — Last: Eigenbrode

4 DATE OF DEATH: Month: May — Day: 25 — Year: 1967

5 SEX: Female
6 COLOR OR RACE: White
7 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8 DATE OF BIRTH: Nov. 6, 1902
9 AGE (In years last birthday): 64 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b KIND OF BUSINESS OR INDUSTRY: Sewing factory
11 BIRTHPLACE (County & State or foreign country): Maryland
12 CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Milton V.B. Miller
14. MOTHER'S MAIDEN NAME: Mary Ann Igenfritz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16 SOCIAL SECURITY NO: 217-12-2867
17 INFORMANT: Doris Lahaye — Address: Sunny Vale 1536 Murre Lane Calif

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Cardiac hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO (b): Hypertension, Cerebrovascular Dis
Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last — DUE TO (c): Cancer — months

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Month, Day, Year, Hour o.m. p.m., 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home farm, factory street, office bldg., etc.)
20f (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from May 21, 1967, to May 25, 1967, that (I) (we) last saw the deceased alive on May 25, 1967, and that death occurred at 5:30 A.M., from causes and on the date stated above.

22a SIGNATURE: Henry V. Chase M.D. ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22b. DATE SIGNED: 5/26/67
22c PHYSICIAN'S NAME (Type): Henry V. Chase
22d ADDRESS: 804 Hill Haven Ave Frederick Md

23a BURIAL, CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: 5-31-67
23c NAME OF CEMETERY OR CREMATORY: United Brethren Cem.
23d LOCATION (City or Town) (County) (State): Thurmont Fred. Co. Md.

24 FUNERAL DIRECTOR: Raymond E. Creager — ADDRESS: Thurmont, Md.
Raymond E. Creager
25a REC'D BY REGISTRAR DATE: JUN 2 1967
25b REGISTRAR'S SIGNATURE: [illegible] Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06650 06636

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15 (4)
20 M 1/66

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 24 hrs
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Mem. Hospital

2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)
a. STATE: Maryland — b. COUNTY: Monty
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Poolesville
d. STREET ADDRESS: —
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Jacob — Middle: Thomas — Last: Fisher
4 DATE OF DEATH: Month: May — Day: 8 — Year: 1967

5 SEX: Male
6 COLOR OR RACE: White
7 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8 DATE OF BIRTH: Aug. 17 1880
9 AGE (In years last birthday): 86 yrs
UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b KIND OF BUSINESS OR INDUSTRY: Farming
11 BIRTHPLACE (County & State, or foreign country): Maryland
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Thomas Fisher
14 MOTHER'S MAIDEN NAME: Elizabeth Viers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16 SOCIAL SECURITY NO: 217-36-9014
17 INFORMANT: Mrs. Catherine Lovell — Address: New Windsor Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Shock — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b): PERITONITIS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — DUE TO (c): RUPTURED COLON (Sigmoid Volvulus)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arteriosclerosis generalized
19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. I certify that ~~I~~ (this hospital) attended the deceased from 5/6/67, 19__ to 5/8/67, 19__, that ~~I~~ (we) last saw the deceased alive on 5/8/67 19__, and that death occurred at 5:30 P.M., from causes and on the date stated above.

22a SIGNATURE: A. Austin Pearre, Jr. M.D. — ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22b. DATE SIGNED: 5/8/67
22c PHYSICIAN'S NAME (Type)
22d ADDRESS

23a BURIAL CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: 5/11/67
23c NAME OF CEMETERY OR CREMATORY: Monocacy
23d LOCATION (City or Town) (County) (State): Beallsville Monty. Md.

24 FUNERAL DIRECTOR: Constance C Hilton — ADDRESS: Barnesville Md
25a RECD BY REGISTRAR DATE: MAY 12 1967
25b REGISTRAR'S SIGNATURE: Thomas Duncan

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06651 — 06637

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word pending in pencil in Item 18. Give Parts 1 and 2 on the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM2. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1

PLACE OF DEATH
a. COUNTY Frederick
MARYLAND
b. CITY OR TOWN (If outside corporate limits write RURAL.) Brunswick
c. LENGTH OF STAY IN 15b
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Residence

USUAL RESIDENCE (Where deceased lived)
a. STATE Maryland
b. COUNTY Frederick
c. CITY OR TOWN (If outside corporate limits write RURAL) Brunswick
d. STREET ADDRESS 6 Virginia Avenue
INSIDE CITY LIMITS? Yes / No

3. NAME OF DECEASED (Type or print) First JOHN Middle STANLEY Last FOSTER
4. DATE OF DEATH Month 5 Day 27 Year 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED
8. DATE OF BIRTH (Month, Day, Year) 11/15/1900
9. AGE (If less than 1 day, hrs. or min.) 66 yrs
IF UNDER 1 YEAR — Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Stanley Foster
14. MOTHER'S MAIDEN NAME Katie Marie Ruth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No (If yes give war or dates of service)
16. SOCIAL SECURITY NO. 217-20-1379
17. INFORMANT June Foster Ohler Address New York City

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Congestive Heart Failure
DUE TO (b) Chronic Rheumatic Heart Disease
DUE TO (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I
Arteriosclerotic Heart Disease; Chr. Cong H.F.
WAS AUTOPSY PERFORMED? YES X NO

MEDICAL CERTIFICATION
19a. ACCIDENT / SUICIDE / HOMICIDE / PENDING INVESTIGATION / COULD NOT BE DETERMINED
PRIMARY / CONTRIBUTING CAUSE OF DEATH
19b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury. Part or part of body affected.)
19c. TIME OF INJURY Month, Day, Year Hour p.m. 19
19d. INJURY OCCURRED While at work / Not While at work
19e. PLACE OF INJURY (e.g. factory, street, office bldg., etc.)

21. I certify that I took charge of the remains described above held an Autopsy [X] Inspection [ ] Inquiry [ ] and in my opinion death resulted from Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]
ACTUAL SIGNATURE Robert J. Thomas M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
EXAMINER'S NAME (Type) Robert J. Thomas M.D.
Address (Street, City, County)
22. DATE SIGNED 5/27/67

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE THEREOF 5/29/67
23c. NAME OF CEMETERY OR CREMATORY Park Heights Cemetery
ADDRESS Brunswick, Maryland
24. FUNERAL DIRECTOR Lee Funeral Home
25. RECD BY REGISTRAR DATE MAY 31 1967
26. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1 67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06652 — 06633

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 8 Weeks

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural - Frederick
d. STREET ADDRESS: Route # 2, Frederick
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

3 NAME OF DECEASED (Type or print): First: MARY — Middle: CORNELIA — Last: GEISBERT

4 DATE OF DEATH: Month: May — Day: 20 — Year: 1967

5 SEX: Female

6 COLOR OR RACE: White

7 MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8 DATE OF BIRTH: August 12, 1871

9 AGE (In years last birthday): 95 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b KIND OF BUSINESS OR INDUSTRY: ••••••••••••••

11 BIRTHPLACE (County & State or foreign country): Frederick County, Md.

12 CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown

14 MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16 SOCIAL SECURITY NO: 212 12 2819 D

17 INFORMANT: William A. Zimmerman, Address: 1724 Leslie Rd. Dundalk, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ANEMIA
DUE TO (b): Cerebrovascular Disease
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
334 X

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c TIME OF INJURY Month, Day, Year, Hour a.m. p.m. 19

20d INJURY OCCURRED While at work ☐ Not While at work ☐

20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f (City or town) (County, (State)

21. **I certify** that (I) ~~(this hospital)~~ attended the deceased from March 27, 1967 to May 20, 1967, that (I) ~~(we)~~ last saw the deceased alive on May 20 1967, and that death occurred at 8:30 P M, from causes and on the date stated above.

22a SIGNATURE: A. Austin Pearre, M.D. — M.D — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22b DATE SIGNED: 5/21/67

22c PHYSICIAN'S NAME (Type): A. Austin Pearre, M. D.

22d. ADDRESS: Toll House Avenue, Frederick, Md.

23a BURIAL CREMATION, REMOVAL (Specify): Burial

23b DATE THEREOF: May 24, 1967

23c NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick, Maryland

24 FUNERAL DIRECTOR: Donald M. Hickey — ADDRESS: Hickey & Etchison & Son, Frederick, Maryland

25a REC'D BY REGISTRAR DATE: MAY 23 1967

25b REGISTRAR'S SIGNATURE: Juanita Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96653 **CERTIFICATE OF DEATH** 06639

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 PLACE OF DEATH a COUNTY: Frederick, MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Middletown
c LENGTH OF STAY IN 1b: years
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Route 2

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a STATE: Maryland b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Middletown
d STREET ADDRESS: Route 2
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Guy Middle: F. Last: Gladhill
4 DATE OF DEATH: Month 5 Day 27 Year 1967
5 SEX: male
6 COLOR OR RACE: white
7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: 3/3/1901
9 AGE (In years last birthday): 66 yrs
IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): antique dealer
10b KIND OF BUSINESS OR INDUSTRY: self employed
11 BIRTHPLACE (County & State or foreign country): Frederick Co., Md.
12 CITIZEN OF WHAT COUNTRY? U.S.
13 FATHER'S NAME: Melvin O. Gladhill
14 MOTHER'S MAIDEN NAME: Mary E. Palmer
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): no
16 SOCIAL SECURITY NO.: 217-32-6410
17 INFORMANT: Pauline H. Gladhill, Address: Route 2, Middletown, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Trans. [illegible] cell [illegible] of [illegible]
INTERVAL BETWEEN ONSET AND DEATH: 3 months
1311
DUE TO (b):
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19 WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Month, Day, Year, Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or Town) (County) (State)

21 I certify that (I) (this hospital) attended the deceased from Oct [illegible] 23, 1959 to May 27 1967 that (I) (we) last saw the deceased alive on May 27 1967, and that death occurred at 5 P M, from causes and on the date stated above.

22a SIGNATURE: [signature] M.D. ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: 5-27-67
22c PHYSICIAN'S NAME (Type): JOSEPH SECONDARI
22d ADDRESS: Boonsboro Md

23a BURIAL, CREMATION, REMOVAL (Specify): burial
23b DATE THEREOF: 5/30/67
23c NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
23d LOCATION (City or Town) (County) (State): Middletown, Fred., Md.
24 FUNERAL DIRECTOR: Gladhill Co., ADDRESS: Middletown, Md.
25a REC'D BY REGISTRAR DATE: MAY 31 1967
25b REGISTRAR'S SIGNATURE: [signature]

VR A15 (4)
25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

66654 — 66640

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH — a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Thurmont-- rural
c. LENGTH OF STAY IN 1b: 20 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Own Home

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) — a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Thurmont rural
d. STREET ADDRESS: RD 1
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: CHARLES — Middle: A. — Last: HALLER

4. DATE OF DEATH: Month: May — Day: 31 — Year: 19 67

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 4-10-1896

9. AGE (In years last birthday): 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (County & State, or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur N. Haller

14. MOTHER'S MAIDEN NAME: Margaret V. Lease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): Yes — WW I

16. SOCIAL SECURITY NO: 213-10-9406

17. INFORMANT: Lillie M. Haller — Address: Thurmont, Md. RD 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO (b): Coronary Thrombosis — 3 yrs
DUE TO (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a):

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 19

20d. INJURY OCCURRED: While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from 1966, 19, to 1967, 19, that (I) (we) last saw the deceased alive on May 31, 19 67, and that death occurred at 7:30 P.M., from the causes and on the date stated above

22a. SIGNATURE: Thomas A. Love M.D.

ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: 6-1-67

22c. PHYSICIAN'S NAME (Type): Thomas A. Love

22d. ADDRESS: Thurmont, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 6-3-67

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City, town or county) (State): Frederick, Md.

24. FUNERAL DIRECTOR'S SIGNATURE: Raymond E. Grea[illegible]er — ADDRESS: Thurmont, Md.

25a. REC'D BY REGISTRAR DATE: JUN 5 1967

25b. REGISTRAR'S SIGNATURE: [illegible] Judge

VR A15 (4)
20M 5-63

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AT5 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06655

CERTIFICATE OF DEATH

06641

1 PLACE OF DEATH
a. COUNTY: FREDERICK — MARYLAND
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): FREDERICK
c. LENGTH OF STAY IN 1b: 3 DAYS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): U.B. McKINNEY HOSPITAL

2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)
a. STATE: MARYLAND
b. COUNTY: FREDERICK
c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): LIBERTYTOWN
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First [illegible] Middle JACKEY Last [illegible]

4 DATE OF DEATH: Month [illegible] Day 17 Year 19 67

5 SEX: M

6 COLOR OR RACE: W

7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8 DATE OF BIRTH: JULY 3 1892

9 AGE (In years last birthday): 74 yrs

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPT

10b KIND OF BUSINESS OR INDUSTRY: CCC CAMP

11 BIRTHPLACE (County & State or foreign country): MARYLAND

12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DR ROBERT [illegible] HAMMOND

14. MOTHER'S MAIDEN NAME: FANNIE GILBERT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK (If yes give war or dates of service):

16 SOC. A. SECURITY NO: 220-16-2962

17 INFORMANT: NINA HAMMOND Address: LIBERTYTOWN MD

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL THROMBOSIS [illegible]
DUE TO (b): [illegible]
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a): [illegible]

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d INJURY OCCURRED While at work ☐ Not While at work ☐

20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f (City or town) (County) (State)

21. I **certify** that (I) (this hospital) attended the deceased from [illegible], 19[illegible], to 5/11, 19 67, that (I) (we) last saw the deceased alive on 5/11 19 67, and that death occurred at [illegible] M. from causes and on the date stated above

22a. SIGNATURE: [illegible] M.D. ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22b DATE SIGNED: 5/17/67

22c. PHYSICIAN'S NAME (Type): RICHARD C REYNOLDS

22d. ADDRESS: FREDERICK MD

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE THEREOF: MAY 20 1967

23c NAME OF CEMETERY OR CREMATORY: MT OLIVET

23d LOCATION (City or Town) (County) (State): FREDERICK MD

24 FUNERAL DIRECTOR, ADDRESS: L L Hoffman Sons Libertytown, Md

25a REC'D BY REGISTRAR: MAY 19 1967

25b REGISTRAR'S SIGNATURE: Charles Grogg

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon sheets. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96656 — **CERTIFICATE OF DEATH** — 06642

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Emmitsburg
c. LENGTH OF STAY IN: 15 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Own Home

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Emmitsburg rural
d. STREET ADDRESS: Annandale Rd.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Ralph — Middle: Leonard — Last: Hatter

4. DATE OF DEATH: Month: May — Day: 15 — Year: 19 67

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☒ — NEVER MARRIED ☐ — WIDOWED ☐ — DIVORCED ☐

8. DATE OF BIRTH: Jan. 1, 1913

9. AGE (In years last birthday): 54 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (County & State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph J. Hatter

14. MOTHER'S MAIDEN NAME: Josephine Hornick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 217-16-2401

17. INFORMANT: Mary Brown Hatter — Address: Emmitsburg RD1 Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Coronary occlusion — immediate
DUE TO (b): Arteriosclerotic disease
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 4

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY Month, Day, Year, Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I **certify** that (I) (this hospital) attended the deceased from May 9, 1967 to May 15, 1967, that (I) (we) last saw the deceased alive on May 9 1967, and that death occurred at 7:4 M, from causes and on the date stated above.

22a. SIGNATURE: W.R. Cadle, M.D. — ATTENDING PHYS ☒ — MED. DIRECTOR ☐ — STAFF PHYS ☐

22b. DATE SIGNED: 5-15-67

22c. PHYSICIAN'S NAME (Type): W.R. Cadle

22d. ADDRESS: Emmitsburg, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5-18-67

23c. NAME OF CEMETERY OR CREMATORY: St. Anthony Cemetery

23d. LOCATION (City or Town) (County) (State): Mt. Emmitsburg, Md. Co

24. FUNERAL DIRECTOR: Raymond E. Frazier — ADDRESS: Thurmont, Md.

25a. RECD. BY REGISTRAR DATE: MAY 18 1967

25b. REGISTRAR'S SIGNATURE: Charles Jones

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

96657 **MEDICAL EXAMINER'S CERTIFICATE OF DEATH** 06643

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH
   a. COUNTY: Frederick
   b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
   c. LENGTH OF STAY IN 1b: MARYLAND ------
   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): DOA- Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
   a. STATE: Maryland
   b. COUNTY: Frederick
   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Frederick
   d. STREET ADDRESS: Route 1
   e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First Norman Middle William Last Heffner

4. DATE OF DEATH: Month May Day 25-- Year 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: May 19-1907

9. AGE (In years last birthday): 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber retired

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emory Wm. Heffner

14. MOTHER'S MAIDEN NAME: Mollie

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 217-10-9727

17. INFORMANT: Address: Mrs. Mary L. Heffner-Route 1-Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

Condition, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (b): Myocardial Insufficiency

DUE TO (c): Arteriosclerotic-Hypertensive Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Healed Myocardial Infarct

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John H. Teske M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type): John H. Teske

Address (Street, city, town, or county)

22. DATE SIGNED: 5/26/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: May 29-1967

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City, town or county): Frederick, Md. (State) 21701

24. FUNERAL DIRECTOR: H. Hutchison & Son ADDRESS: Elwood T. Whitmore Frederick, Md. 21701

25a. RECEIVED BY REGISTRAR DATE: MAY 29 1967

25b. REGISTRAR'S SIGNATURE: [illegible] Judge

VR AISME (5) SM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06658 — 06644

TO HOSPITAL OR ATTENDING PHYSICIAN: This law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH
   a. COUNTY: Frederick
   b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Shookstown
   c. LENGTH OF STAY IN 1b: 7 yrs
   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address):

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Maryland
   b. COUNTY: Frederick
   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Shookstown
   d. STREET ADDRESS:
   e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First JESSE Middle LEE Last HYDE

4. DATE OF DEATH: Month May Day 4 Year 1967

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: March 28 1875

9. AGE (In years last birthday): 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (County & State, or foreign country): Frederick Co., Md.

12. CITIZEN OF WHAT COUNTRY? U S.A.

13. FATHER'S NAME: Do Not Know

14. MOTHER'S MAIDEN NAME: Do not Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wars or dates of service): No

16. SOCIAL SECURITY NO.: 216-14-5938

17. INFORMANT: Mrs Chas S Tregoning Address: Ind. R7, Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 3 years
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO
(c)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 1-12-, 1967 to 5-4-, 1967 that (I) (we) last saw the deceased alive on 5-3-1967, and that death occurred at 5 A.M., from the causes and on the date stated above

22a. SIGNATURE: Rex R. Martin M.D.

22b. DATE SIGNED: 5/4/67

ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. PHYSICIAN'S NAME (Type): REX R. MARTIN

22d. ADDRESS: 220 N Market Frederick Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5/6/67

23c. NAME OF CEMETERY OR CREMATORY: Brethren Cemetery

23d. LOCATION (City, town or county): Rocky Ridge (State): Md.

24 FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J C. Barton, Walkersville, Md.

25a. REC'D BY REGISTRAR (DATE): MAY 8 1967

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15 (4)
20M S 63

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR ATB (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06653 — **CERTIFICATE OF DEATH** — 06645

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
c LENGTH OF STAY IN 1b: 3 weeks

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Middletown

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital
d STREET ADDRESS: North Church St.
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Anna — Middle: C. — Last: Ifert
4 DATE OF DEATH: Month: May — Day: 23 — Year: 1967

5 SEX: Female
6 COLOR OR RACE: White
7 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: Aug. 30, 1913
9 AGE (In years last birthday): 53 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife
10b KIND OF BUSINESS OR INDUSTRY: Own Home
11 BIRTHPLACE (County & State or foreign country): Pennsylvania
12 CITIZEN OF WHAT COUNTRY: U.S.A.

13 FATHER'S NAME: William R. Crum
14 MOTHER'S MAIDEN NAME: Mary Susan Leisinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16 SOCIAL SECURITY NO: 214-46-5098
17 INFORMANT: Lee R. Ifert — Address: Middletown, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): adenocarcinoma of
DUE TO (b): ampulla of vater
Conditions if any which gave rise to immediate cause (a) stating the underlying cause last
DUE TO (c): with liver metastases

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21 **I certify** that (I) (this hospital) attended the deceased from Jan, 19 67 to 5/23, 19 67, that (I) (we) last saw the deceased alive on 5/22 19 67, and that death occurred at 4:25 P.M., from causes and on the date stated above.

22a SIGNATURE: Frank Damazo, M.D. — ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22b DATE SIGNED: 5/23/67
22c. PHYSICIAN'S NAME (Type): FRANK DAMAZO
22d ADDRESS: 700 Montclaire Ave Frdk Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: May 25, 1967
23c NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
23d LOCATION (City or Town) (County) (State): Middletown Frd. Md.

24. FUNERAL DIRECTOR: Gladhill Company — ADDRESS: Middletown, Md.
25a FILED BY REGISTRAR DATE: MAY 26 1967
25b REGISTRAR'S SIGNATURE: [signature]

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06660 06646

1. PLACE OF DEATH
a. COUNTY Frederick MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
c. LENGTH OF STAY IN 1b
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE Maryland b. COUNTY Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick
d. STREET ADDRESS 15 W. Potomac Street
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print) First [illegible] Middle [illegible] Last [illegible]
4. DATE OF DEATH Month MAY Day 5 Year 19[illegible]

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH TI/2/190[illegible]
9. AGE (In years last birthday) 62 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Work
10b. KIND OF BUSINESS OR INDUSTRY R.
11. BIRTHPLACE (County & State, or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lemuel Lee Jackson
14. MOTHER'S MAIDEN NAME Clara Louisa Rankins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) no (If yes give war or dates of service)
16. SOCIAL SECURITY NO. 722-12-3364
17. INFORMANT James W. Jackson Address Brunswick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) See Dura Hematoma - Bilateral
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Medical Dispensary Pt.
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 2/ , 19 67, to 5/7 , 19 67, that (I) (we) last saw the deceased alive on 5/7 19 67, and that death occurred at [illegible] M, from the causes and on the date stated above.

22a. SIGNATURE [illegible] M.D. ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
22b. DATE SIGNED 5/[illegible]/67
22c. PHYSICIAN'S NAME (Type) Richard D. Reynolds, M.D.
22d. ADDRESS 104 Doll House Ave., Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE THEREOF 5/[illegible]/67
23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
23d. LOCATION (City, town or county) Petersville Maryland (State)

24. FUNERAL DIRECTOR [illegible] Funeral Home ADDRESS Brunswick, Md.
25a. REC'D BY REGISTRAR DATE MAY 12 1967
25b. REGISTRAR'S SIGNATURE J. Charles Judge

VR A15 (4)
15M 4-64

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06661 **MEDICAL EXAMINER'S CERTIFICATE OF DEATH** 06647

1 PLACE OF DEATH
a. COUNTY: Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Emmitsburg
c. LENGTH OF STAY IN 1b: MARYLAND / minutes
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Highway Accident

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: North Carolina
b. COUNTY: Duplin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rose Hill
d. STREET ADDRESS: Rose Hill
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Ida; Middle: JEFFERSON; Last: JOHNSON
4. DATE OF DEATH: Month: May; Day: 25; Year: 19 67
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 11, 1909
9. AGE (In years last birthday): 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Duplin County, N. Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.A.
13. FATHER'S NAME: Ira Dekalb Johnson
14. MOTHER'S MAIDEN NAME: Minnie Stella Alderman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Fractured Pelvis, Transected Femur,
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b): Transected Aorta, Subdural
DUE TO (c): Hemorrhage; Massive Hemorrhage, Ruptured Aort
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Car-Truck Collision
20c. TIME OF INJURY Month, Day, Year: 6; Hour ~~a.m.~~ p.m. 1 Jun 1967
20d. INJURY OCCURRED While at work ☒ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
20f. (City or town) Emmitsburg (County) Frederick (State) Md.

21. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John H Teske M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
EXAMINER'S NAME (Type): John H. Teske, M. D.
Address (Street, city, town, or county): Acty
22. DATE SIGNED: 5/25/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: May 28, 1967
23c. NAME OF CEMETERY OR CREMATORY: Lockfish Cemetery
23d. LOCATION (City, town or county): Wallace, (State)

24. FUNERAL DIRECTOR: Atchison & Son, Frederick, Maryland
ADDRESS: Fidelity

25a. REC'D BY REGISTRAR DATE: MAY 29 1967
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06662

CERTIFICATE OF DEATH

06648

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 35 Days

2 USUAL RESIDENCE (Where deceased lived, Institution Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Buckeystown

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital
d. STREET ADDRESS: Buckeystown, Maryland
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Havery — Middle: Nelson — Last: KELLER

4 DATE OF DEATH: Month: MAY — Day: 12 — Year: 1967

5 SEX: Male

6 COLOR OR RACE: White

7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8 DATE OF BIRTH: August 15, 1906

9 AGE (In years last birthday): 60 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b KIND OF BUSINESS OR INDUSTRY: Hudson Supply Co.

11 BIRTHPLACE (County & State or foreign country): Frederick County, Maryland

12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME: Harry Keller

14 MOTHER'S MAIDEN NAME: Della Fry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)

16 SOCIAL SECURITY NO.: 217 01 5895

17 INFORMANT: Thomas C. Keller, Address: 102 Mt. Olivet Ave. Frederick, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Congestive Heart Failure
DUE TO (b): Bronchiogenic Carcinoma
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cerebral Infarct

19 WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c TIME OF INJURY Month, Day, Year, Hour o.m. p.m. 19

20d INJURY OCCURRED While at work ☐ Not While at work ☐

20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from March 27, 1967, to MAY 12, 1967, that (I) (we) last saw the deceased alive on MAY 11 1967, and that death occurred at 5 A M, from causes and on the date stated above

22a SIGNATURE: Ralph L. Michels M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22b. DATE SIGNED: May 12, 1967

22c PHYSICIAN'S NAME (Type): Ralph L. Michels, M. D.

22d. ADDRESS: Frederick Medical Center, Frederick, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE THEREOF: May 15, 1967

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick, Maryland

24 FUNERAL DIRECTOR: Donald M. Hutchison — ADDRESS: Adelphi

M. M. Hutchison & Son, Frederick, Maryland

25a RECD BY REGISTRAR DATE: MAY 16 1967

25b REGISTRAR'S SIGNATURE: Charles Judge

1 7

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06663 — 06649

1. PLACE OF DEATH
a. COUNTY: Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: MARYLAND
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): DOA Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Frederick
d. STREET ADDRESS: Butterfly Lane Rt.# 4
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒ — 10.1

3. NAME OF DECEASED (Type or print): First ALFRED Middle HEALVEY Last LaBRUSH, SR.

4. DATE OF DEATH: Month May Day 15, Year 19 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept. 14, 1903

9. AGE (In years last birthday): 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Trucking

11. BIRTHPLACE (State or foreign country): Near Wheeling, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clyde Healvey LaBrush

14. MOTHER'S MAIDEN NAME: Olive Starkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) YES (If yes give war or dates of service) 1920-1921

16. SOCIAL SECURITY NO.: 214-10-1899

17. INFORMANT: Mrs. Ella Catherine LaBrush Address: Rt.# 4 Fred. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

4281

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (b): Coronary Artery Insufficiency

DUE TO (c): Arteriosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Healed Myocardial Infarct

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22. DATE SIGNED: 5-15-67

EXAMINER'S NAME (Type): Robert J. Thomas M.D.

Address (Street, city, town, or county): Frederick, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: May 19, 1967

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

23d. LOCATION (City, town or county) (State): Frederick, Maryland

24. FUNERAL DIRECTOR: Robert E. Dailey & Son ADDRESS: Frederick, Maryland

25a. REC'D BY REGISTRAR DATE: MAY 19 1967

25b. REGISTRAR'S SIGNATURE: [signature]

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5)
5M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

96664 — Item #2c & d Line #1849 — 06650

CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 2 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick/ Limekiln
d. STREET ADDRESS: Fred Memorial Hosp
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Lorne — Middle: Kendall — Last: Lee

4. DATE OF DEATH: Month: May — Day: 29 — Year: 19 67

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: May 28, 1967

9. AGE (In years last birthday): yrs. — IF UNDER 1 YEAR: Months: — Days: 2 — IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ********

11. BIRTHPLACE (County & State, or foreign country): Frederick Co, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sonny Lee

14. MOTHER'S MAIDEN NAME: Barbara Ann Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown): No

(If yes give war or dates of service): *****

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Sonny Lee — Address: Rt 1 Lime Kilmn, Fred Co

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs approx

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year — Hour a.m. p.m. — 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 5-28, 1967, to 5-29, 1967, that (I) (we) last saw the deceased alive on 5-29 1967, and that death occurred at 5:50 AM, from the causes and on the date stated above.

22a. SIGNATURE: Charles E Wright M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type): Charles E. Wright

22d. ADDRESS: Fred.Med.Center

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5-30-67

23c. NAME OF CEMETERY OR CREMATORY: Bells Chapel

23d. LOCATION (City, town or county) (State): Dickerson Fred Co, Md

24. FUNERAL DIRECTOR: C.E. Hicks, III

ADDRESS: Frederick, Md

25a. REC'D BY REGISTRAR DATE: MAY 31 1967

25b. REGISTRAR'S SIGNATURE

VR A15 (4)
20M 1/65

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely f l ed in by the funeral director, page 3 should be detached for use as the burio -transit permit Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremat on, or removal, and n any event, with 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06665

CERTIFICATE OF DEATH

06651

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
c LENGTH OF STAY IN 1b: 4 Months

2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d STREET ADDRESS: 16 S. Market Street
e S RESIDENCE ON A FARM? YES ☐ NO ☒

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Nursing Home

3 NAME OF DECEASED (Type or print): First LYDIA Middle EVA Last SPAHR MARMOR

4 DATE OF DEATH: Month May Day 7 Year 1967

5 SEX: Female
6 COLOR OR RACE: White
7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: Feb. 12, 1893
9 AGE (In years last birthday): 74 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (County & State, or foreign country): New York City, N. Y.
12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME: John Heidinger
14 MOTHER'S MAIDEN NAME: Louise Wahl

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16 SOCIAL SECURITY NO. 213 16 1984
17 INFORMANT: Mrs. Catherine Monaghan, Address 10 College Avenue, Frederick, Maryland

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Coronary occlusion
DUE TO
(b): Generalized Arteriosclerosis
DUE TO
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: Years

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from June, 1956, to May 7, 1967, that (I) (we) last saw the deceased alive on May 6 1967, and that death occurred at 7 AM, from causes and on the date stated above.

22a SIGNATURE: Henry V. Chase M.D.
ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: May 9, 1967
22c. PHYSICIAN'S NAME (Type): Henry V. Chase, M.D.
22d. ADDRESS: Toll House Avenue, Frederick, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: May 10, 1967
23c. NAME OF CEMETERY OR CREMATORY: St. Hope Cemetery
23d LOCATION (City or Town) (County) (State): Woodsboro, Maryland

24 FUNERAL DIRECTOR: Russell M. Fidler
ADDRESS: M. H. Hutchison & Son, Frederick, Maryland
25a. RECD BY REGISTRAR: MAY 9 1967
25b REGISTRAR'S SIGNATURE: Charles Jordan

1

M

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06666 06652

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH
   a. COUNTY: Frederick
   b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town): Frederick
   c. LENGTH OF STAY IN 1b: MARYLAND Minutes
   d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
   a. STATE: aryland
   b. COUNTY: Frederick
   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town): Rural - Adamstown
   d. STREET ADDRESS: Route # 1
   e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First ELLIE Middle VIRGINIA Last MISS

4. DATE OF DEATH: Month May Day 25 Year 19 67

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: arch 7, 1897

9. AGE (In years last birthday): 70 yrs.
   IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: .....

11. BIRTHPLACE (County & State, or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Kessler

14. MOTHER'S MAIDEN NAME: Alberta Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service): no

16. SOCIAL SECURITY NO.: 217 01 5068

17. INFORMANT: Address: Mrs. Alice Jenkins, Homix, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b): Recurrent myocardial infarct
DUE TO (c): Hypertensive and arteriosclerotic Heart Disease — App 15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from Sept. 11, 1966, to MAY 25, 1967, that (I) (we) last saw the deceased alive on MAY 25 1967, and that death occurred at 11:15 P.M. from the causes and on the date stated above.

22a. SIGNATURE: Ralph L. Nichols M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22b. DATE SIGNED: May 25, 1967

22c. PHYSICIAN'S NAME (Type): Ralph L. Nichols, M.D.

22d. ADDRESS: Frederick Medical Center, Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE THEREOF: May 29, 1967

23c. NAME OF CEMETERY OR CREMATORY: Frederick Memorial Park

23d. LOCATION (City, town or county) (State): Frederick, Maryland

24. FUNERAL DIRECTOR: Donald M. Litchison & Son, Frederick, Maryland — ADDRESS: Fadeley

25a. REC'D BY REGISTRAR DATE: MAY 29 1967

25b. REGISTRAR'S SIGNATURE: for Geo Judge

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06667

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06653

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if death occurs as necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal and in any event within 72 hours after death.

PLACE OF DEATH a COUNTY Frederick MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a STATE Maryland b COUNTY Montgomery
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rt. # 40	d STREET ADDRESS 11212 Schuylkill Rd. e IF RESIDENCE ON A FARM? YES ☐ NO ☐

3 NAME OF DECEASED (Type or print)	First KATHRYN	Middle A.	Last MONTGOMERY	4 DATE OF DEATH	Month May	Day 30	Year 1967	
5 SEX Female	6 COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8 DATE OF BIRTH 2/27/54	9 AGE (In years last birthday) 13 yrs	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country) Arizona	12 CITIZEN OF WHAT COUNTRY? USA
13 FATHER'S NAME Edwin H. Montgomery		14 MOTHER'S MAIDEN NAME Shirley Simpson	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)	16 SOCIAL SECURITY NO ----	17 INFORMANT Address Edwin H. Montgomery-Item # 2	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) ACUTE INTRACRANIAL HEMORRHAGE
DUE TO (b) MULTIPLE SKULL FRACTURES
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) MULTIPLE CHEST, ABDOMINAL & BONE TRAUMA

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20c EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Hit By Auto while Riding Bike			
20c TIME OF INJURY Month, Day, Year 2:50 (a.m.) (p.m.) 5/30 19 67	20d INJURY OCCURRED While at work ☐ Not While at work ☒	20e PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) RT 40	20f (City or town) Frederick	(County) (State) MD

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Robert J. Thomas M.D.
EXAMINER'S NAME (Type) Robert J. Thomas, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
Address (Street, city, town, or county)
22. DATE SIGNED 5/30/67

23a BURIAL, CREMATION, REMOVAL (Specify) Burial	23b DATE THEREOF 6/2/67	23c NAME OF CEMETERY OR CREMATORY Gate of Heaven	23d LOCATION (City or Town) Silver Spring, Md.	(County) (State)
24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home ADDRESS 1331 Rockville Pike Rockville, Md.		25a. REC'D BY REGISTRAR DATE JUN 1 1967	25b REGISTRAR'S SIGNATURE	

VII A15ME (5)
6M 1/66

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06668 — 06654

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Rt. # 40

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville
d. STREET ADDRESS: 11212 Schuylkill Rd.
6. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First ROBERT — Middle H. — Last MONTGOMERY
4. DATE OF DEATH: Month May — Day 30, — Year 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/15/57
9. AGE (In years last birthday): 10 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin H. Montgomery
14. MOTHER'S MAIDEN NAME: Shirley Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown): No
(If yes give war or dates of service):
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Edwin H. Montgomery-Item # 2 — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE INTRACRANIAL HEMORRHAGE
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b): MULTIPLE SKULL FRACTURES
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): MULTIPLE CHEST, ABDOMINAL + BONE TRAUMA

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Hit By Auto while Riding Bike
20c. TIME OF INJURY Month, Day, Year: Hour 2:30 a.m. (P.M.) 5/30 1967
20d. INJURY OCCURRED: While at work ☐ Not While at work ☒
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Rt. 40, Fred.
20f. (City or town) (County) (State): Frederick County

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert J Thomas M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
EXAMINER'S NAME (Type): Robert J. Thomas MD
Address (Street, city, town, or county):
22. DATE SIGNED: 5/30/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: 6/2/67
23c. NAME OF CEMETERY OR CREMATORY: Gate of Heaven
23d. LOCATION (City, town or county) (State): Silver Spring, Md.

24. FUNERAL DIRECTOR: Tyson Wheeler Funeral Home — ADDRESS: 1331 Rockville Pike Rockville, Md.
25a. REC'D BY REGISTRAR DATE: JUN 1 1967
25b. REGISTRAR'S SIGNATURE:

VR A15ME
3500 4-64

DUPLICATE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DUPLICATE

FOR STATE HEALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06669 — 06655

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is ... Write the word pending in pencil in Item 18. Give Pages 1, 2 and 3 to the Chief Medical Examiner's Office along with Form PM3 Page ... Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: ... be issued as a burial transit permit. File pages 1 and 2 with the ...

1. PLACE OF DEATH
a. COUNTY: Frederick
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): rederick
c. LENGTH OF STAY IN MARYLAND:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 267 Dill Avenue

2. USUAL RESIDENCE (Where deceased lived, not where died)
a. STATE: Maryland
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits write RURAL): Hagerstown
d. STREET ADDRESS: 738 Summit Avenue
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: James; Middle: Robert; Last: Nicklas
4. DATE OF DEATH: Month: May; Day: 4; Year: 67
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: June 24, 1888
9. AGE (Years last birthday): 78
IF UNDER 1 YEAR OR UNDER 24 HRS. — Months: ... Days: ... Hours: ... Min: ...
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10a. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.(Franklin Co.)
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Adam Nicklas
14. MOTHER'S MAIDEN NAME: Mary M. Oyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) W.W.#1
16. SOCIAL SECURITY NO: 214-09-2232
17. INFORMANT: Mrs. Hannah Mowen
Address: 91[illegible] Conlee Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Congestive heart failure
DUE TO (b): Coronary artery occlusion
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
DUE TO: Arteriosclerotic cardiovascular disease
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN ABOVE:

AUTOPSY PERFORMED YES ☐ NO ☐

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.)
20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above held an Autopsy ☐, Inspection ☒, Inquiry ☐ and to my opinion death resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐, Undetermined ☐

ACTUAL SIGNATURE: Robert J. Thomas M.D.
EXAMINER'S NAME: Robert J. Thomas, M. D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
Address:
22. DATE SIGNED: 5/4/67

BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: 5/6/67
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
Hagerstown, Wash.Co., Md.
NUMBER AND STREET
CITY OR TOWN, STATE
Andrew K. Coffman, Funeral Home, Hagerstown, Md.
NAME AND ADDRESS OF FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE: MAY 22 1967 J. Charles Judge
DATE RECEIVED BY REGISTRAR

VR A15ME (5) 6M 1/67

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if no delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 2 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal and in any event within 72 hours after death.

VR A15ME (5)
6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

96670 — 06656

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible]
c. LENGTH OF STAY IN 1b: [illegible]
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): [illegible]

2 USUAL RESIDENCE (Where deceased lived if institution Resident before admission)
a. STATE: Maryland — b. COUNTY: Fre[illegible]
c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): [illegible]
d. STREET ADDRESS: [illegible]
e. IS RESIDENCE ON A FARM: YES ☐ NO ☐

3 NAME OF DECEASED (Type or print): First TOM — Middle E. — Last POOLE

4 DATE OF DEATH: Month — Day — Year 19

5 SEX: Male

6 COLOR OR RACE: White

7 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8 DATE OF BIRTH: [illegible], 190[illegible]

9 AGE (In years last birthday): [illegible] yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Emmanuel Co., Ga.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Ira E. Poole

14 MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service):

16 SOCIAL SECURITY NO.: ?

17 INFORMANT — Address: [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Coronary Art. T[illegible]
DUE TO
(b): Coronary Art. T[illegible]
DUE TO
(c): Arteriosclerotic and [illegible]
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)

20f (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ and in my opinion death resulted from Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D

EXAMINER'S NAME (Type): Robert J. Thomas, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

Address (Street, city, town or county):

22. DATE SIGNED:

23a BURIAL, CREMATION, REMOVAL (Specify)

23b DATE THEREOF: [illegible]

23c NAME OF CEMETERY OR CREMATORY: [illegible] Cove

23d LOCATION (City or Town) (County) (State)

24 FUNERAL DIRECTOR — ADDRESS: J. M. Waltz Box 241 Sykesville, Md.

25a RECD BY REGISTRAR DATE: MAY 8 1967

25b REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06671 — 06657

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, with in 72 hours after death.

VR A15 (4)
20 M 1/66

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick Rural
c LENGTH OF STAY IN (b): 10 yrs.

2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
a STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick -- rural

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): (Own home)
d STREET ADDRESS: White Rock Rd.
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Beatrice — Middle: P. — Last: Pryor
4 DATE OF DEATH: Month: May — Day: 15 — Year: 19 67

5 SEX: Female
6 COLOR OR RACE: White
7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: 7-22-1906
9 AGE (In years last birthday): 60 yrs
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (County & State, or foreign country): Pennsylvania
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: Louis A. Boliver
14 MOTHER'S MAIDEN NAME: Stella Furrick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16 SOCIAL SECURITY NO. (If yes give war or dates of service): 213-24-9068
17 INFORMANT: Glen M. Pryor — Address: 5132 White RockRd. Frederick Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure
DUE TO (b): Carcinomatosis - Peritoneal Cavity
DUE TO (c): Bilateral Ovarian Carcinoma
Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH:

PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from 11/11, 1965, to 5/15, 1967, that (I) (we) last saw the deceased alive on 5/13 1967, and that death occurred at 5A M, from causes and on the date stated above.

22a SIGNATURE: Glen F. Teske — M.D. ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: 5-15-67
22c PHYSICIAN'S NAME (Type): DR. J. H. Teske
22d ADDRESS: 700 Montclair Frederick, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: 5-17-67
23c NAME OF CEMETERY OR CREMATORY: Bethel Church of God
23d LOCATION (City or Town) (County) (State): Germantown Fred. Co. Md.

24 FUNERAL DIRECTOR: Raymond F. Creager — ADDRESS: [illegible]ront, Md.
Raymond F. Creager
25a RECD BY REGISTRAR DATE: MAY 18 1967
25b REGISTRAR'S SIGNATURE: Charles Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06672

CERTIFICATE OF DEATH

06658

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 1 day
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Jefferson- Rural
d. STREET ADDRESS: Route 1
e IS RESIDENCE ON A FARM? YES ☐ NO ☐

3 NAME OF DECEASED (Type or print): First: AGNES — Middle: (NMI) — Last: RICE

4 DATE OF DEATH: Month: MAY — Day: 13 — Year: 19[illegible]

5 SEX: Female — 6 COLOR OR RACE: White — 7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Married

8 DATE OF BIRTH: Dec. 28-1904

9 AGE (In years last birthday): 62 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b KIND OF BUSINESS OR INDUSTRY: ———

11 BIRTHPLACE (County & State, or foreign country): Charleston- W. Va.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Jacob Gruden

14. MOTHER'S MAIDEN NAME: Magdalene Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): ———

16. SOCIAL SECURITY NO: 235-26-0594

17 INFORMANT — Address: Mr. Paul Rice- Jefferson, Md. Route 1

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): [illegible]
DUE TO
(b): GENERALIZED ARTERIOSCLEROSIS
DUE TO
(c): ———
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from [illegible], 19[illegible], to 5/13, 1967, that (I) (we) last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 4 p.m., from causes and on the date stated above.

22a SIGNATURE: Richard C Reynolds, M.D. — ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22b. DATE SIGNED: [illegible]

22c PHYSICIAN'S NAME (Type): Richard C. Reynolds

22d. ADDRESS: 804 Toll House Ave.-Frederick, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE THEREOF: May 16-1967

23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery

23d LOCATION (City or Town) (County) (State): Petersville, Md.

24 FUNERAL DIRECTOR: H.R.Etchison & Son — ADDRESS: Edward T. Whitmore Frederick, Md. 21701

25a REC'D BY REGISTRAR DATE: MAY 16 1967

25b REGISTRAR'S SIGNATURE: [illegible] Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06673

CERTIFICATE OF DEATH

06659

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 11 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 39 Taney Apts.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☑

3. NAME OF DECEASED (Type or print): First: GLADYS — Middle: LA RUE — Last: Rice

4. DATE OF DEATH: Month: May — Day: 7 — Year: 1967

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 14, 1904

9. AGE (In years last birthday): 62 yrs

IF UNDER 1 YEAR: Months: — Days: —
IF UNDER 24 HRS: Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (County & State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oliver B. Palmer

14. MOTHER'S MAIDEN NAME: Carrie Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-16-1848

17. INFORMANT — Address: Mr. Stanley Rice, 39 Taney Apts, Fred.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Adenocarcinoma, colon with
DUE TO
(b): metastasis generalized
DUE TO
(c): —

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH: 1 Yr.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY Month, Day, Year — Hour a.m. p.m. — 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from Sept 11, 1966, to May 7, 1967, that (I) (we) last saw the deceased alive on May 7 1967, and that death occurred at ____ M, from causes and on the date stated above

22a. SIGNATURE: Thomas E. Lowe, M.D. — ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22b. DATE SIGNED: 5-7-67

22c. PHYSICIAN'S NAME (Type): Thomas E. Lowe, M.D.

22d. ADDRESS: Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5/10/67

23c. NAME OF CEMETERY OR CREMATORY: Glade Cemetery

23d. LOCATION (City or Town) (County) (State): Walkersville, Fred. Co.

24. FUNERAL DIRECTOR — ADDRESS: G. E. Barton, Walkersville, Md.

25a. REC'D BY REGISTRAR DATE: MAY 10 1967

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06674

CERTIFICATE OF DEATH

06660

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: Twin Creek Plaza Apts.# 1
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Harold — Middle: K. — Last: Rinehart

4 DATE OF DEATH: Month: May — Day: 30, — Year: 1967

5 SEX: Male

6 COLOR OR RACE: White

7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8 DATE OF BIRTH: Oct. 27, 1904

9 AGE (In years last birthday): 62 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Hotel Manager

10b KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (County & State, or foreign country): York, Pennsylvania

12 CITIZEN OF WHAT COUNTRY?: U.S.A.

13 FATHER'S NAME: John Rinehart

14 MOTHER'S MAIDEN NAME: Carrie Mullican

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): ----------

16 SOCIAL SECURITY NO.: 173-03-6415

17 INFORMANT: Mrs. Virginia C. Rinehart — Address: Twin Creek Plaza Apts. Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
DUE TO (b): RHEUMATIC HEART DISEASE
DUE TO (c):
Conditions if any which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from NOV, 1966, to 5/30, 1967, that (I) (we) last saw the deceased alive on 5/30 1967, and that death occurred at 11:44 A.M., from causes and on the date stated above.

22a SIGNATURE: Richard C. Reynolds, M.D. — ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22b DATE SIGNED: 5/31/67

22c. PHYSICIAN'S NAME (Type): Dr. Richard C. Reynolds M.D.

22d ADDRESS: 804 Toll House Avenue Frederick, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE THEREOF: 6-2-1967

23c NAME OF CEMETERY OR CREMATORY: Glade Cemetery

23d LOCATION (City or Town) (County) (State): Walkersville, Maryland

24 FUNERAL DIRECTOR: Robert E. Darby & Son — ADDRESS: Frederick, Md.

25a REC'D BY REGISTRAR DATE: JUN 2 1967

25b REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
2M M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06675 — 05661

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
c LENGTH OF STAY IN 1b: minutes
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a STATE: Maryland
b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural - Frederick
d STREET ADDRESS: Route # 3, Frederick
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First HARVEY — Middle FRANKLIN — Last RIPPEON, JR.

4 DATE OF DEATH: Month May — Day 20 — Year 1967

5 SEX: Male
6 COLOR OR RACE: White
7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: May 6, 1929
9 AGE (In years last birthday): 38 yrs
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS: Hours — Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Body & Fender Man
10b KIND OF BUSINESS OR INDUSTRY: Dennis Body Shop
11 BIRTHPLACE (County & State or foreign country): Frederick County, Maryland
12 CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Harvey Franklin Rippeon, Sr.
14. MOTHER'S MAIDEN NAME: Hilda Elizabeth Martin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes give war or dates of service)
16. SOCIAL SECURITY NO: 212 24 5540
17 INFORMANT — Address: Mrs. Marie Rippeon, (Same as item #2)

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
DUE TO
(c)
4201

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. I certify that (I) (~~this hospital~~) attended the deceased from 5/15, 19 67, to 5/22, 19 67, that (I) (~~we~~) last saw the deceased alive on 5/15 19 67, and that death occurred at 5:44 M, from causes and on the date stated above

22a SIGNATURE: Robert S. Hughes M.D.
MD ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type): Robert S. Hughes, M. D.
22d. ADDRESS: 700 Montclaire Avenue, Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: May 23, 1967
23c NAME OF CEMETERY OR CREMATORY: Locust Grove Cemetery
23d. LOCATION (City or Town) (County) (State): Mt. St. Mary, Maryland

24. FUNERAL DIRECTOR: Donald M. Eddy — ADDRESS: Eddy
H. R. Etchison & Son, Frederick, Maryland

25a. REC'D BY REGISTRAR DATE: MAY 23 1967
25b. REGISTRAR'S SIGNATURE: Charles [illegible]

1.2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

96676 — 96662

TO HOSPITAL OR OTHER PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH
a. COUNTY: FREDERICK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: MARYLAND 2 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Nursing & Convalescent Home

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mt. Airy
d. STREET ADDRESS: Route 1
e. IS RESIDENCE ON A FARM? YES [X] NO [ ]

3. NAME OF DECEASED (Type or print): First: Elmer Middle: E. Last: RODERICK
4. DATE OF DEATH: Month: MAY Day: 12 Year: 1967
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/26/91
9. AGE (In years last birthday): 76 yrs. IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (County & State, or foreign country): Frederick Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: William Mac Roderick
14. MOTHER'S MAIDEN NAME: Mary [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-24-5757
17. INFORMANT: Wife Address: [illegible]

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute congestive heart failure	24 hrs
DUE TO (b)	Arterio sclerotic Heart Disease	15 yrs
DUE TO (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cerebro vascular Thrumbosis with left hemiplegia

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 19
20d. INJURY OCCURRED While at work [ ] Not While at work [ ]
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from ..... 1957 to MAY 12, 1967 that (I) (we) last saw the deceased alive on MAY 11th 1967, and that death occurred at 4:00 PM, from the causes and on the date stated above.

22a. SIGNATURE: Ralph L. Michels
22b. DATE SIGNED
M.D. ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. PHYSICIAN'S NAME (Type): RALPH L. MICHELS
22d. ADDRESS: Frederick Medical Center-Frederick Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: May 15-1967
23c. NAME OF CEMETERY OR CREMATORY: Frederick Memorial Park
23d. LOCATION (City, town or county) (State): Frederick, Md. 21701

24. FUNERAL DIRECTOR'S SIGNATURE: M.R. Etchison & Son
ADDRESS: Elwood T. Whitmore Frederick, Md. 21701
25a. REC'D BY REGISTRAR DATE: MAY 16 1967
25b. REGISTRAR'S SIGNATURE: [illegible]

VR AIS 14
20M 5-63

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

26677 D5663

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: Days

2 USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Point of Rocks

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First Howard — Middle E(mar — Last SCHEETZ

4. DATE OF DEATH: Month MAY — Day 30 — Year 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: April 16,1905
9. AGE (In years last birthday): 62 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (County & State, or foreign country): Point of Rocks, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harvery Scheetz
14. MOTHER'S MAIDEN NAME: Annie May Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16. SOCIAL SECURITY NO.: 217 10 0025
17. INFORMANT: Mrs. Lorraine Adcock, Doubs, Maryland — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Massive Cerebral Infarction — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b): Cerebral Arteriosclerosis
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (c):

PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hydronephrosis
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from MAY 17, 1967, to MAY 30, 1967, that (I) (we) last saw the deceased alive on MAY 30 1967, and that death occurred at 7.20 PM, from causes and on the date stated above.

22a. SIGNATURE: Ralph L. Michels M.D. — ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22b. DATE SIGNED: MAY 31, 67
22c. PHYSICIAN'S NAME (Type): Ralph L. MICHELS
22d. ADDRESS: MED. CENTER, FREDERICK, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: June 2, 1967
23c. NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery
23d. LOCATION (City or Town) (County) (State): Point of Rocks, Maryland

24. FUNERAL DIRECTOR: Donald M. Atchison & Son, Frederick, Maryland — ADDRESS: Fredericks

25a. REC'D BY REGISTRAR DATE: JUN 5 1967
25b. REGISTRAR'S SIGNATURE: Gilbert V. Hodge

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and any event within 72 hours after death.

VR AISME (5)
5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06678 — 06664

1. PLACE OF DEATH
a. COUNTY: Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: MARYLAND 27 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limit, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 140 W. All Saints St
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First Alice Middle Frances Last Sewell

4. DATE OF DEATH: Month May Day 12 Year 19 67

5. SEX: Female

6. COLOR OR RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐

8. DATE OF BIRTH: April 6, 1916

9. AGE (In years last birthday): 51 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: ****** *

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Wallace

14. MOTHER'S MAIDEN NAME: Anna Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): ********

16. SOCIAL SECURITY NO.: 213-12-7449

17. INFORMANT: John N. Sewell, Address: Frederick, Md 111 33 S. Bentz St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive Pontine Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b): Essential Hypertension
DUE TO (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type): Robert J Thomas

Address (Street city, town, or county): Frederick, Md (State)

22. DATE SIGNED: 5-17-67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5-17-67

23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

23d. LOCATION (City, town or county): Frederick, Md (State) Md

24. FUNERAL DIRECTOR ADDRESS: C.E. Hicks, 111 Frederick, Maryland

25a. REC'D BY REGISTRAR DATE: MAY 15 1967

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

36673

CERTIFICATE OF DEATH

06665

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: Lifetime

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 523 N. Market St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital

3 NAME OF DECEASED (Type or print): First: FRANKLIN — Middle: Nathan — Last: SHIPLEY

4 DATE OF DEATH: Month: MAY — Day: 3 — Year: 1967

5 SEX: Male

6 COLOR OR RACE: White

7 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8 DATE OF BIRTH: May 9-1887

9 AGE (In years last birthday): 79 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b KIND OF BUSINESS OR INDUSTRY: Bottling Works

11 BIRTHPLACE (County & State or foreign country): Frederick Co. Md.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Wm. H. Shipley

14 MOTHER'S MAIDEN NAME: Mary E. Kettler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): Mar 1

16 SOC. A. SECURITY NO: 214-10-5605A

17 INFORMANT: Charles T. Haugh — Address: Mt. Pleasant-Md.

MED. CA. CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2-3 months
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): ARTERIOSCLEROTIC HEART DISEASE — 10 yrs
DUE TO
(c):

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): GOUT ; PAGET'S DISEASE OF BONE ; CEREBRAL THROMBOSIS

19 WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f (City or town) (County) (State)

21. I **certify** that (I) (this hospital) attended the deceased from ____, 19 60 to 5/3, 19 67 that (I) (we) last saw the deceased alive on 5/3 19 67 and that death occurred at 2 p.m. from causes and on the date stated above

22a SIGNATURE: Richard C. Reynolds, M.D. — ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22b. DATE SIGNED: 5/3/67

22c PHYSICIAN'S NAME (Type): Richard C. Reynolds

22d. ADDRESS: 804 Toll House Ave.-Frederick, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE THEREOF: May 6-1967

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick, Md. 21701

24 FUNERAL DIRECTOR: M.H. Etchison & Son — ADDRESS: Elwood T. Whitmore Frederick, Md. 21701

25a RECD BY REGISTRAR DATE: MAY 8 1967

25b REGISTRAR'S SIGNATURE: J. Charles Judge

1

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06680 **CERTIFICATE OF DEATH** 06666

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Braddock Heights
c. LENGTH OF STAY IN 1b: Year

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: Brooklawn Apartment
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Vindabona Conv. & Rest Home

3. NAME OF DECEASED (Type or print): First: VIRGINIA Middle: MUSSER Last: SHRINER

4. DATE OF DEATH: Month: May Day: 25 Year: 19 67

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: August 30, 1889
9. AGE (In years last birthday): 77 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (County & State or foreign country): Huntington, Pa.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Cyrus J. Musser
14. MOTHER'S MAIDEN NAME: Nettie Lowry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Edward D. Shriner, Jr. (Same as item # 2) — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b): Hypertensive Cardio-Vascular Disease — 2 years +
DUE TO
(c): Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from July 7, 1965, to May 25, 1967, that (I) (we) last saw the deceased alive on May 25 1967, and that death occurred at 2:00 A.M. from causes and on the date stated above.

22a. SIGNATURE: A. Austin Pearre, Sr. M.D. — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22b. DATE SIGNED: May 25, 1967
22c. PHYSICIAN'S NAME (Type): A. Austin Pearre, Sr. M. D.
22d. ADDRESS: 4 East Church Street, Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: May 27, 1967
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
23d. LOCATION (City or Town) (County) (State): Frederick, Maryland

24. FUNERAL DIRECTOR: H. M. Atchison & Son, Frederick, Maryland — ADDRESS: Frederick
25a. RECD BY REGISTRAR — DATE: MAY 29 1967
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06681

CERTIFICATE OF DEATH

06667

1. PLACE OF DEATH
   a. COUNTY: Frederick
   b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick 21701
   c. LENGTH OF STAY IN MARYLAND: Since 8/19/60
   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Maryland Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
   a. STATE: Maryland
   b. COUNTY: Prince Georges
   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hillside
   d. STREET ADDRESS: 1214 - 48th Avenue
   e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First MINNIE Middle B. Last SIMPSON

4. DATE OF DEATH: Month May Day 26 Year 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 26 June 1881

9. AGE (In years last birthday): 85 yrs.
   IF UNDER 1 YEAR OR UNDER 24 HRS. Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (County & State, or foreign country): Charlottesville, Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Boyd

14. MOTHER'S MAIDEN NAME: Sally E. Duke

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No

16. SOCIAL SECURITY NO.: 578-46-6474D

17. INFORMANT Address: Md. Odd Fellows Home, Frederick, Md. 21701

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary Thrombosis

DUE TO (b): Generalized arterio-sclerosis

DUE TO (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 min. (b) 15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cerebral Hemorrhage

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from Jan 1, 19 67 to May 26, 19 67, that (I) (we) last saw the deceased alive on May 26 19 67, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

22a. SIGNATURE: [signature] M.D.

ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: 27 May 1967

22c. PHYSICIAN'S NAME (Type): Bernard O. Thomas, Jr.

22d. ADDRESS: 228 N. Market St., Frederick, Md. 21701

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5/29/67

23c. NAME OF CEMETERY OR CREMATORY: Washington National Cem.

23d. LOCATION (City, town or county) (State): Suitland, Maryland

24. FUNERAL DIRECTOR: Frank R. Smith ADDRESS: M. R. Etchison & Son, Frederick, Md. 21701

25a. REC'D BY REGISTRAR DATE: MAY 31 1967

25b. REGISTRAR'S SIGNATURE: [signature]

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96682

CERTIFICATE OF DEATH

06663

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c LENGTH OF STAY IN 1b: Years
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Nursing Home

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d STREET ADDRESS: 634 Trail Avenue
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Alice — Middle: Malinda — Last: Smith

4 DATE OF DEATH: Month: May — Day: 9 — Year: 19 67

5 SEX: Female

6 COLOR OR RACE: White

7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8 DATE OF BIRTH: May 17- 1889

9 AGE (If years last birthday): 77 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker

10b KIND OF BUSINESS OR INDUSTRY: ----------

11 BIRTHPLACE (County & State or foreign country): Frederick Co. Md.

12 CITIZEN OF WHAT COUNTRY?: U.S.A.

13 FATHER'S NAME: Amos E. Esworthy

14 MOTHER'S MAIDEN NAME: Malinda O'Hara

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes give war or dates of service): ----------

16 SOCIAL SECURITY NO: 214-10-2163

17 INFORMANT: Frank R. Smith-Sr.-634 Trail Ave.- — Address: Frederick, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Bronchopneumonia Terminal — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO
(b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO
(c):

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes mellitus Arteriosclerotic Heart Disease

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. **I certify** that (I) (this hospital) attended the deceased from Feb, 1956, to May 9, 1967, that (I) (we) last saw the deceased alive on May 9 1967, and that death occurred at 11:50 M, from causes and on the date stated above.

22a SIGNATURE: Henry L. Chase M.D — ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22b. DATE SIGNED: 5/12/67

22c. PHYSICIAN'S NAME (Type): Henry L. Chase M.D

22d. ADDRESS: 804 Tall House Ave Frederick, Md

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE THEREOF: 5-12-1967

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick, Md. 21701

24 FUNERAL DIRECTOR: T.R. Etchison & Son — Edgewood T. — ADDRESS: Whitmore Frederick, Md. 21701

25a RECD BY REGISTRAR DATE: MAY 16 1967

25b REGISTRAR'S SIGNATURE: [illegible] Judge

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36683 — 06669

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and not later than within 72 hours after death.

VR A15 (4)
20 M 1/66

1 PLACE OF DEATH
a COUNTY: Frederick — MARYLAND
b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Frederick
c LENGTH OF STAY IN (a): Days

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a STATE: Maryland — b COUNTY: Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital
d STREET ADDRESS: Tower Apartment
e RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First JOHN — Middle WESLEY — Last STARR, SR.
4 DATE OF DEATH: Month May — Day 29 — Year 19 67

5 SEX: Male
6 COLOR OR RACE: White
7 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8 DATE OF BIRTH: January 26, 1896
9 AGE (In years last birthday): 71 yrs
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS: Hours — Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b KIND OF BUSINESS OR INDUSTRY: Ox-Fibre Brush Co.
11 BIRTHPLACE (County & State or foreign country): Frederick County, Md.
12 CITIZEN OF WHAT COUNTRY: U. S. A.

13 FATHER'S NAME: Richard V. Starr
14 MOTHER'S MAIDEN NAME: Mary Warthen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service): No
16 SOCIAL SECURITY NO: 214 10 2020
17 INFORMANT — Address: Earl F. Starr, Route #5, Frederick, Maryland

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Bil pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 [illegible]
DUE TO (b): Lung, retro [illegible] fluke
DUE TO (c):
Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year Hour o m. p m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. I certify that (I) (~~this hospital~~) attended the deceased from 4/15, 1967, to 5/31, 1967, that (I) (we) last saw the deceased alive on 5/31 1967, and that death occurred at 7:45 M, from causes and on the date stated above

22a SIGNATURE: Robert S Hughes — M.D. — ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: June 2, 1967
22c PHYSICIAN'S NAME (Type): Robert S. Hughes, M. D.
22d ADDRESS: 700 Montclaire Avenue, Frederick, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: June 1, 1967
23c NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
23d LOCATION (City or Town) (County) (State): Frederick, Maryland

24 FUNERAL DIRECTOR — ADDRESS: Donald M. Fahey
H. R. Etchison & Son, Frederick, Maryland

25a RECD BY REGISTRAR — DATE: JUN 2 1967
25b REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4)
20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

26684 — 06670

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: Days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Adamstown
d. STREET ADDRESS: Adamstown
e. IS RESIDENCE ON A FARM? YES [X] NO [ ]

3 NAME OF DECEASED (Type or print): First: Ralph — Middle: G. — Last: Thomas

4 DATE OF DEATH: Month: May — Day: 22 — Year: 1967

5 SEX	6 COLOR OR RACE	7 MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8 DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min
Male	White	WIDOWED [X]	Jan. 5, 1883	84 Yrs				

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Retired	Farmer	Frederick County, Md.	U. S. A.

13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John Franklin Thomas	Mary Ellen Zimmerman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT Address
No	217 10 9375	R. Monroe Thomas, Adamstown, Maryland 21710

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): Cardiac Thrombosis (with myocardial infarction)
DUE TO (b): Arterial atherosclerosis
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 1 hour / 10 years

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hypertensive - Sclerotic C.V.D.

19 WAS AUTOPSY PERFORMED? YES [ ] NO [X]

MEDICAL CERTIFICATION

20a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work [ ] Not While at work [ ]
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f (City or Town) (County) (State)

21. I **certify** that (I) (this hospital) attended the deceased from Nov. 1, 1962, to May 22, 1967, that (I) (we) last saw the deceased alive on May 21 1967, and that death occurred at 1:45 P.M., from causes and on the date stated above.

22a SIGNATURE: Bernard O. Thomas Jr. M.D. — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22b DATE SIGNED: May 22, 1967
22c. PHYSICIAN'S NAME (Type): Bernard O. Thomas, Jr. M. D.
22d. ADDRESS: 228 N. Market Street, Frederick, Md.

23a BURIAL CREMATION, REMOVAL (Specify)	23b DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
Burial	May 24, 1967	Mount Olivet Cemetery	Frederick, Maryland

24 FUNERAL DIRECTOR: Hitchison & Son — ADDRESS: Fadeley, Frederick, Maryland
25a RECD BY REGISTRAR DATE: MAY 24 1967
25b. REGISTRAR'S SIGNATURE

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

9668 — 06671

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: 2 Days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Ijamsville
d. STREET ADDRESS: Bx 182 Ijamsville P.O.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Dorothy — Middle: Elizabeth — Last: Thompson

4. DATE OF DEATH: Month: May — Day: 25 — Year: 1967

5. SEX: Female

6. COLOR OR RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-11-1916

9. AGE (In years last birthday): 51 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Mn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (County & State, or foreign country): Frederick Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Frank Onley

14. MOTHER'S MAIDEN NAME: Mary Jane Biggus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown): No

16. SOCIAL SECURITY NO.: ******

17. INFORMANT: 214-14-6651 Phillip Thompson

Address: Ijamsville, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 1951
DUE TO (c): Hypertensive Heart Des — 34yrs+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 1951, 19__, to 25 May, 1967, that (I) (we) last saw the deceased alive on 25 May 1967, and that death occurred at 9:25 PM, from the causes and on the date stated above.

SIGNATURE: Charles H Conley, Jr. M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: 26 May 1967

22c. PHYSICIAN'S NAME (Type): Dr. Charles H. Conley, Jr

22d. ADDRESS: Prof Bldg, Frederick, Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5-29, 1967

23c. NAME OF CEMETERY OR CREMATORY: Ebeneezer Church

23d. LOCATION (City, town or county) (State): Ijamsville Fred Co, Md

24. FUNERAL DIRECTOR ADDRESS: C.E. Hicks, III Frederick, Md

25a. REC'D BY REGISTRAR DATE: MAY 29 1967

25b. REGISTRAR'S SIGNATURE: [illegible], Surgn.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20M 1/65

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

36686 **CERTIFICATE OF DEATH** 06672

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
25M 1/67

1 PLACE OF DEATH a COUNTY: Frederick — MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a STATE: Maryland b COUNTY: Frederick
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Middletown — c LENGTH OF STAY IN 1b: 30 years	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Middletown
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS — e RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print) First	Middle	Last	4 DATE OF DEATH Month	Day	Year
Homer	Ernest	Toms	5	31	19 67

5 SEX	6 COLOR OR RACE	7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8 DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min
male	white		6/2/1897	69 yrs				

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
sexton	church	Frederick Co., Md.	U.S.

13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Arch I. Toms	Mary Snurr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT Address
no	216-22-9382	Mildred Toms, Middletown, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Coronary Occlusion — 2 wks
DUE TO
(b):
DUE TO
(c): Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) — 19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)			
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d INJURY OCCURRED While at work ☐ Not While at work ☐	20e PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)	20f (City or town)	(County) (State)

21 I certify that (I) (this hospital) attended the deceased from May 10 1967 to May 31 1967 that (I) (we) last saw the deceased alive on May 30 1967, and that death occurred at 6:30 P.M. from causes and on the date stated above

22a SIGNATURE	ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22b DATE SIGNED
J Elmer Harp M.D.		6-1-67
22c PHYSICIAN'S NAME (Type) Dr. J. Elmer Harp	22d ADDRESS Middletown, Md.	

23a BURIAL, CREMATION REMOVAL (Specify)	23b DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
burial	6/3/67	Lutheran Cemetery	Middletown, Fred., Md.

24 FUNERAL DIRECTOR ADDRESS	25a REGISTRAR DATE	25b REGISTRAR SIGNATURE
Gladhill Company, Middletown, Md.	JUN 2 1967	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06687 — 06673

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4)
2DM 5 63

1. PLACE OF DEATH
a. COUNTY: Frederick,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick,
c. LENGTH OF STAY IN 1b: 9 Yrs
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Monocacy Hall Nursing Home, Inc. 1730 N. Market St., Frederick, Md.

2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)
a. STATE: Md.
b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 1300 N. Market St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Emma; Middle: R.; Last: Warner

4. DATE OF DEATH: Month: May; Day: 22,; Year: 1967

5. SEX: F.

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Aug. 6, 1872

9. AGE (In years last birthday): 94 yrs. IF UNDER 1 YEAR: Months: 9 Days: 16 IF UNDER 24 HRS: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (County & State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Richter

14. MOTHER'S MAIDEN NAME: Rebecca Stephen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-48-6391 J1

17. INFORMANT: Mr. Arthur Rickell — Address: 1300 N. Market St., Frederick, Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Cerebral hemorrhage accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO (b): Cerebral thrombosis hemiplegia — years

DUE TO (c): Generalized arteriosclerosis — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from ..... 19..., to ..... 19 .., that (I) (we) last saw the deceased alive on ..... 19 ..., and that death occurred at ... M, from the causes and on the date stated above.

22a. SIGNATURE: [signature] M.D.

ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 5/25/67

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City, town or county) (State): Frederick, Md.

24. FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: Frederick, Md.

25a. REC'D BY REGISTRAR DATE: MAY 23 1967

25b. REGISTRAR'S SIGNATURE: [signature]

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

96683 — 06614

1 PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Braddock Heights
c. LENGTH OF STAY IN 1b: 5 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Vindobona Nursing Home

2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Thurmont
d. STREET ADDRESS: Carroll St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Willie — Middle: Z — Last: Willhide
4 DATE OF DEATH: Month: May — Day: 28 — Year: 1967

5 SEX: Male
6 COLOR OR RACE: white
7 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8 DATE OF BIRTH: Nov. 18, 1868
9 AGE (In years last birthday): 98 yrs
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Undertaker
10b KIND OF BUSINESS OR INDUSTRY: Own Business
11 BIRTHPLACE (County & State or foreign country): Maryland
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: William N. Willhide
14 MOTHER'S MAIDEN NAME: Elizabeth Graham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16 SOCIAL SECURITY NO: 217-32-5359
17 INFORMANT: Richard S. Willhide — Address: Thurmont, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5/26/67
DUE TO
(b): Arteria Sclerosis — ?
Conditions if any which gave rise to immediate cause (a), stating the underlying cause last
DUE TO
(c):

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19 WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21 I certify that (I) (this hospital) attended the deceased from 2/13, 1967, to 5/28, 1967, that (I) (we) last saw the deceased alive on 5/28 1967, and that death occurred at 11:25 AM, from causes and on the date stated above

22a SIGNATURE: H.R. Schoolman — MD — ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐
22b DATE SIGNED: 5/28/67
22c PHYSICIAN'S NAME (Type): L.R. Schoolman, M.D.
22d ADDRESS: Braddock Heights, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial
23b DATE THEREOF: 5-30-67
23c NAME OF CEMETERY OR CREMATORY: United Brethren Cem.
23d LOCATION (City or Town) (County) (State): Thurmont Fred. Co. Md.
24 FUNERAL DIRECTOR: Raymond E. Creager — ADDRESS: Thurmont, Md.
25a REC'D BY REGISTRAR DATE: MAY 31 1967
25b REGISTRAR'S SIGNATURE: Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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20 M 1/66

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06689

CERTIFICATE OF DEATH

06675

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fredrick
c. LENGTH OF STAY IN 1b: Day
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Virginia
b. COUNTY: Loudoun
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lovettsville
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First ELLEN Middle VIRGINIA Last WILLIAMS

4. DATE OF DEATH: Month May Day 30 Year 19 67

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: July 9, 1887

9. AGE (In years last birthday): 79 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (County & State, or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David Eli Axline

14. MOTHER'S MAIDEN NAME: Ellen Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ASHD & CHF
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b):
DUE TO
(c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 5/29, 19 67, to 5/30, 19 67, that (I) (we) last saw the deceased alive on 5/29 19 67, and that death occurred at 8:52 A M, from causes and on the date stated above.

22a. SIGNATURE: A. Austin Pearre, Jr. M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: 5/30/67

22c. PHYSICIAN'S NAME (Type): A. Austin Pearre, Jr. M. D.

22d. ADDRESS: Toll House Avenue, Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: June 1, 1967

23c. NAME OF CEMETERY OR CREMATORY: Union Cemetery

23d. LOCATION (City or Town) (County) (State): Lovettsville, Virginia

24. FUNERAL DIRECTOR: Donald M. ADDRESS: Fidelity
H. R. Etchison & Son, Frederick, Md.

25a. REC'D BY REGISTRAR DATE: JUN 2 1967

25b. REGISTRAR'S SIGNATURE: Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06690 — 05676

1. PLACE OF DEATH
a. COUNTY: Frederick — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
c. LENGTH OF STAY IN 1b: years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
d. STREET ADDRESS: 502 E. Patrick St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First Lorraine — Middle Clementine — Last Zimmerman
4. DATE OF DEATH: Month May — Day 15 — Year 19 67
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Oct. 20- 1891
9. AGE (In years last birthday): 75 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (County & State, or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Ella Woerner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 219-01-926
17. INFORMANT — Address: Jos. R. Bradshaw-90Sherwood Dr.-Walkersville-Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 mins
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): Auricular Fibrillation — 3 days.
DUE TO
(c): A.S.H.D. — 10 years ±

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (~~this hospital~~) attended the deceased from May 14, 1967 to May 15, 1967 that (I) (~~we~~) last saw the deceased alive on May 15 1967, and that death occurred at 6 P M, from causes and on the date stated above.

22a. SIGNATURE: W.J. Riddick — M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22b. DATE SIGNED: 5/15/67
22c. PHYSICIAN'S NAME (Type): Dr. W.J. Riddick
22d. ADDRESS: Frederick Medical Center-Frederick-Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: May 18-1967
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City or Town) (County) (State): Frederick, Md. 21701
24. FUNERAL DIRECTOR: M.R. Etchison & Son — ADDRESS: Elwood T. Whitmore Frederick, Md. 21701
25a. REC'D BY REGISTRAR — DATE: MAY 19 1967
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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20 M 1/66